N. B.-WRITE PLA

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ry item of in	Pln	CC	1
item	sho) jo	1
-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	1
D. E	SICI	taten	
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CA	ld b	DE	TION is very important. See instructions on back of certificate.
E P	shor	OF	S vel
1	ion	OSE	Z Z
-WRITE I	mat	EA1	U.S

1. PLACE O		F MAR	YLAND-	CERTIFICATE	OF DEATH	05565
/ 1	Montgome	ery		(4.8)		2 2
Contraction to the last of the last					Registration Dist. No. 2	
Albertania street	ity Takoma Park		(If		St., tution, give its NAME instead of street a of foreign birth?yrs	and number)
and the second second	ME LIZETTA K			,		
(a) Residen	ce: No. 108 Flow	(Usual place		St.,Ward.	If nonresident give city or town	and State
PERSON	IAL AND STATIST	ICAL PARTI	ICULARS	MEDICAL O	CERTIFICATE OF DEATH	1
remale	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	May 14, (Month) (Dey)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Baer			22. Jan 1 HEREB	Y CERTIFY, That I atten		
6. DATE OF BIRTH (7. AGE Yea	(month, day, and year) ** Irs Months	XXXX, Feb	7,1856 If LESS than 1 day,hrs. ormin.	I last saw h Ly alive on to have occurred on the date sta The PRINCIPAL CAUSE OF DE/ were as-follows:	man Both 19	death is said
9. Industry or work was SAW MIL	ssion, or particular vork done, as SPINNER, BOOKKEPER, etc. business in which s done, es SILK MILL, L, BANK, etc. ed last worked at pation (month and	Retired	ime (years) nt in this upation	Charlie-	Caveinoma	Date of one of the order of the
12. BIRTHPLACE (cli	ty or town) Balti	more,		Other Contributory Causes of im	portance: MESUS	many 1.0/2
13. NAME	Christian K	ricann			agess	
13. NAME 14. BIRTHPLACE (State or	(city or town) Bal	timore, rylandd		Neme of operation	Date of Was there	
15. MAIDEN NAME Christine angle, Unknown 16. BIRTHPLACE (city or town) (Stete or country) Germany			23. If death was due to external co	auses (VIOLENCE) fill in also the folio	wing:	
17.INFORMANT Mrs. Matilda Miller,				(Specify city or town, county and in INOUSTRY, In HOME, or in PUBLIC	State) PLACE.	
(Address) 18. BURIAL, CREMAT Place LOU	TON, OR REMOVAL	Date May		Manner of Injury	-	
19. UNDERTAKER Martin W. Hysour Co (Address) 1300 N St. N.			24. Was disease or mirry In any If so, specify Clury (Signed) 7-0;	wey related to occupation of dechased in	M.D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	
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Cerebral hemorrhage	Juty 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				(

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		Nor		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
San Company of the West of the Company				

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 05568
County Mongowery Ce Floop	Registration, Dist. No.2 17
Village or City / Olneh	No. Mont. Co. Gen Hospit St. W
	(If death occurred in a hospital or institution, give its NAME instead of street and number) os //ds. How long in U.S. if of foreign birth?
1430 / B/b.	h
2. FULL NAME TO COLOR	
(a) Residence: Np. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Leurolo White - Chicow (write the word)	(Month) (Day) (Yea
5a. If married, widowed or givored	
HUSBAND OF Plyon & Slack	1 HEREBY CERTIFY, That I attended deceased
Vince 12 1- 187	19 30, to 3 49 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3
64 91 19 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	wera as follows:
Kind of work done, as SPINNER, Dourselbock	Brown and Chi
9. Industry or business in which	Jan
work was dona, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month end spant in this	
year) occupation	Dthar Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Don't cholicyphilis 572
1 1.1.00	
14. BIRTHPLACE (city or town)	100 The Holenghis
[14. BIRTHPLACE (city or town) (State or count(x)	Name of operation. Collection Date of 37-2-1
	What test confirmed diagnosis? Was there and au'opsy?
E 18	23. If death wes due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Maril & Lapolo.	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT With (Address)	by my
18. BURIAL, CREMOVION, DR. REMOVAL . DO 12	Manner of injury
Plan Blerlomoulle Bate, leng/2019	Nature of injury
19. UNDERTARE LOYA Taises	24. Was disease or injury in any way related to occupation of deceased?
(Address) Caluel Tud.	If so, specify
20. FILED TIME 1 19 35. C. S. Barrisky	(Signed) Mand
ZU. FILED ZERE THE LAND LAND LAND LAND LAND LAND LAND LAND	(Address)

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BURRAU V, 9.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If	nonrelident g	ve city or town	and State
MEDICAL CERTI	FICATE	OF DEATH	1
21. DATE OF DEATH	8	(Oay)	, 19325 (Year)
22. HEREBY CE			
I last saw h in aliva on 5-1			5.; death is said
to have occurred on the date stated above	at.4.50	Rm.	
The PRINCIPAL CAUSE OF DEATH and I	alatad causes	of Importanca	,
Peration 1	17	oval	0ate of onset 5-16-3
The operation was per	r form	ed for g	sall-
Other Contributory Causes of importance;	لمدر		5-18-3
Name of operation. Renario 11.			
23. If death was due to external causes (VII	LENCE) fill	In also the follow	wing:
Accident, suicide, or homicide?			
Spacify whether injury occurred In INOUS	TRY, In HOM	own, county and IE, or in PUBLIC	State) PLACE.
Manner of Injury			
24. Was disaase or injury in any way relat	ed to occupat	ion of deceasad?	no
(Signad)			
(Address) 1 3 0 9 F	(1) de	11/1/ 011	

CAUSE OF DEATH TION is mation B

V. S. No.

16, BIRTHPLACE (city or town) (Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

(Addrass)

20. FILED Man 18

19. UNOERTAKER

17. INFORMANT Washing Ton Sanitareum R

If more blanks are needed, address State Registr

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	3 1/2
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

ARGIN RESERVED FOR BINDING

	CERTIFICATE OF DEATH	}
1. PLACE OF DEATH	<u> </u>	
County // County / County	Registration Dist. No. 218	
Village or City Constraint of Many (1)	T-NoSt.,V death occurred in a hospital or institution, give its NAME instead of street and number)	War
	ds. How long in U.S. if of foreign birth?yrsmos	d
2. FULL NAME Ida Brent		
(a) Residence: No. Emery (Usua Diace of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL-PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE S. SHNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Massivel	21. DATE OF DEATH (Month) (Oay) (Yaa)	ar)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of Great	22. I HEREBY CERTIFY, That I attended deceased	fro
6. DATE OF BIRTH (month, day, and year) Was 1-1875	I last saw her alive on \$ le, 6, 1935; death Is	ls sa
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8. Trada, profassion, or particular kind of work done, as SPINNER, August SAWYER, BOOKKEEPER, etc.	were as follows. Oate of	onse
work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation).	Dialites mellitus	7
12. BIRTHPLACE (city or town) 2 Casharing (State or country)	Other Contributory Causes of Importance:	٤).
13. NAME Columbus Warteld		
14. BIRTHPLACE (city or town) Washington	Name of operation Nove Oate of	
(State or country)	What test confirmed diagnosis? Language Was there an autopsy?	AC
15. MAIDEN NAME LINKENSON 16. BIRTHPLACE (city or town) Linkenson (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT (Address) (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Plagos A Command Command Date May 2.3, 19-35	Manner of Injury	
19. UNDERTAKER ROY MARIE Shura May	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED May 22, 1935 already Got to the Registrar.	(Signed) S. h. Fattles, (Address) 1151 N. Cafucal Str.	_M.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

/	STATE	OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE O	F DEATH	- 	05570
County_	montgor	nery	Registration Dist. No. 2/6
Village or (city o seune	sall	No. St, Ward
Langth of ras	sidence In city or town when	e death occurred yrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NA	ME Sister	M. Caphal	l Prayatitore
(a) Resider	nce: No Bons	ent who Wisel	also was
		(V) uai place of abode)	If nonresident give city or town and State
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIEO, WIOOWEO, OR DAVORCED (runte the word)	21. DATE OF DEATH May 4
5a. If marriad, widow HUSBANO of	ved, or divorcad		(Month) (Oay) (Year)
(or) WIFE of			22. I HEREBY CERTIFY, That I ettended decaasad from
& DATE OF BIRTH	7	21113 18.09	1935, to May 4, 1935
7. AGE Yea	(month, day, and year) / months	Oays If LESS than	I last sew halk alive on 10 3 , 19 35; death is seid
	75 11	1 day,hrs.	to have occurred on the data stated above, A
8. Trada, profa	ssion, or particular	ormin.	wera as follows:
SAWYER,	work dona, as SPINNER, BOOKKEEPER, atc	sunor	() Cerebral Accide The Mary 18
kind of v SAWYER, 9: Industry or work was SAW MII 10. Oate decass	business in which s done, as SILK MILL, LL, BANK, atc		(2) Pulmoney Tuberlulosis 30 hrs.
SAW MIL	LL, BANK, atc	II. Total tima (years)	
this occu	pation (month and 52	spent In this 5274	
12. BIRTHPLACE (cit	m	holde	Other Contributory Causes of importance:
(Stata or cour		va	
13. NAME	sich and	Ironton	
13. NAME 14. BIRTHPLACE (State or	(city or town)	more	Name of operation Data of
(State of	country)	M	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NA	ME Goody	name	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAI		your Us	Accident, suicide, or homicide? Oate of injury, 19
(State or	country)	- V	Where did Injury occur?
17. INFORMANT (Address)	Com	aux .	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD			Mannar of Injury
Placa	veur suou	Date 1937	Nature of Injury
19. UNDERTAKER W Chymikes to (Addiass) 1400 mines to			24. Was disease or injury in any way related to occupation of deceased? 100
20. FILEO May	4, 19 35 6	Resiry Registrat.	(Signad) Cudiew of Jchesto M. D. (Addrass) 3035-Ohol., N.W.
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SCREAU Y. S.			1380 (1115)
Other contributory causes of importance:	- 1-1-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

AGE should be stated

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

WRITE PL.

of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	3	()	1	1	
	0	0		A.	

1. PLACE OF DEATH	82-0/	
County Gronigomesy	Registration Dist. No. 2	1.4
Village or City Agalactowa (If Length of residence In city or town where death occurred yrs. mos.	NoSt., death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME For brief Lewis 19		
// ٧٧ /	of W.	
(a) Residence: No. Aya Costo was (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 12	193 5
Se. If married, widowed, or divorced	(Nynth) (Day)	(Yeer)
HUSBAND of Corrys may Burger	22. Mey 10 19.35 to May 12	deceased from
6. DATE OF BIRTH (month, day, end year) - Gally 2 118 8	I last saw h the alive on May 12 1935	_; death is said
7. AGE Years Months Deys If LESS than 1 dey, hrs.	to have occurred on the dete steted above, at 3 f. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Were as follows: Arteria relevocio	Date of onset
FY	upoplexy.	may 10
work was done, as SILK MILL, Jovenney Tells		1730
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		-
12. BIRTHPLACE (city or town). Jan Hyallatogram	Other Contributory Causes of importance:	-
(State or country)		
13. NAME Such Claridge / Turger		
13. NAME Greek Chridge Turgee 14. BIRTHPLACE (city or town) In Hyattown (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an	autopsy No
15. MAIDEN NAME Class Elizabeth howson	23. If death was due to external causes (VIOL ENCE) fill in also the following	g:
15. MAIDEN NAME Class to ligebeth howson 16. BIRTHPLACE (city or town) In Alya Classown (State or country)	Accident, suicide, or homicide? Date of injury	, 19
X (State or country)	Where did injury occur?	
17. INFORMANT Americal Con Tim Phasium.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Angulia Lawn Dete Stary 14, 19:36	Manner of injury	
19. UNDERTAKER Hillon T Burde Cla	24. Wes disease or Injury in any way related to occupation of deceased?	No
20. FILED / 13 13 19 35 1/1 S. Lewis	(Signed) Great P, Rov	p M.D
Local Registrar.	(Address) (Address) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	91

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	li li	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	İ	I CLANTA DA C	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	ery i	NS	ent	
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	JRD.	IX	sta	
	EC	P	xact	
	TI	LY.	H	
	NE	CT	ified	
	RMA	XA	class	
	PE	H	rly	cate.
	SA	tate	rope	rtif
		be s	be p	of ce
	TH.	plu	lay	ack
	NK	sho	it n	q uo
	YG.	AGE	that	ons
	NDIN	d.	98 4	ructi
	NF	plie	erms	insti
)	H	ins /	ain t	See
	WIT	fully	n pl	nt.
	LY,	care	TH i	orta
	Z	l be)EA	imp
	PL	houle	OF I	very
	FE	s uc	SE (N is
-	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. How long le U.S. if of foreign birth?____ 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR-OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Day) (Yeer) 5a, If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I ettended deceased from (or)-WIFE-of-6. DATE OF BIRTH (month, day, end year) deeth Is sald - کد 3_ 19_3 7. AGE Months if LESS than Davs to have occurred on the date stated above, at ... 1 dey .____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset & Treda, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceesed last worked et 11. Total time (years) this occupation (month and spant in this yeer) ____ Class___ occupation Marknon 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation ... (State or country) What test confirmed diegnosis?___ Wes there an autopsy?_ MOTHER 15. MAIDEN NAME 23. If deeth was due to externel causes (VtOLENCE) filt in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____Date of Injury_____ (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 24. Was disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED MA (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

tem of infor-	should state	of OCCUPA-	+1
B.—WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should etaile	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MANENT RE	ACTLY.	lassified. Exa	
IIS IS A PER	be stated EX	be properly cl	of certificate.
NG INK-TH	AGE should !	that it may h	ons on back o
TH UNFADI	ly supplied.	lain terms, so	See instruct
LAINLY, WI	uld be careful	DEATH in p	ry important.
BWRITE F	mation sho	CAUSE OF	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05573
1. PLACE OF DEATH	(31)
County Want g merey	Registration Dist. No. 223
Village or City last ema Parts	No.314 Carroll, all in my
Langth of rasidanca in city or town whare death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Williams	ds. How long in U.S. if of foreign birth? yrsds.
and the state of t	negran
(a) Residence: No. 9/4 Canst Core (Usual place of abode)	St.// Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White marrie (write the word)	may 4 1935
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of alma L. Clefton	22. I HEREBY CERTIFY, That I attended deceased from
May 22 1817	1935, to May 4, 1935
6. DATE OF BIRTH (month, day, and year) Way 17 06 7. AGE Years Months Days If LESS than	I last saw h alive on 12 3, 1935; death is said
67 // /2 1day,hrs.	to have occurred on the date stated above, at 12.40 Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	wera as follows: New All The Date of onset
kind of work done, as SPINNER cleaner Operate SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SI IK MIII 47 par logar.	y 910000 in 1900000 1925
9. Industry or business in which work was done, as SILK MILL, Wasless Current SAW MILL, BANK, atc	ele 5/433
	4-Co,
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this 45 4	***************************************
O a	Othar Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	
E / N	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME NEW TELLAN 1 HORSE	What test confirmed diagnosis?
15. MAIDEN NAME NECESTRAL DE SERVICIONE DE S	23. If death was due to external causes (VIOLENCE) fill In also the following:
(State or country)	Accident, suicide, or homicida?
17. INFORMANT Howard & Clefling Ann	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3610-1011 n. & Outh 8)6.	The state of the s
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Older 10 ll Date Mery 6, 1935	Nature of injury
19. UNDERTAKER COW Chambred led 10	24. Was disease or injury in any way related to occupation of deceased? Ro
(Address) 400 Collapsis of wash. W.C	If so, specify
20, FILED Way 4, 1935 20 6, Rosers	(Signed) J. G. Bowman M. D.
Registrar.	(Address) 3600 -18 B St. n. E
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Wash, No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

County 7	nontgomery		Registration Dist. No. 22	3.
REDEATE LIN		Park	No. Washing tow Santasum St., H. (If death occurred in a hospital or institution, give its NAME instead of street and n	War
Length of res	idence In city or town where	death occurredyrs,	nos. 2/2 ds. How long In U.S. if of foreign birth?mo	sd
2. FULL NA (a) Residen	ME Clara Truce: No. 24 J	Missiam Crass Justing are (Usualplace of abode)	ford St., Ward. Catonsville 2000 If nonresident give city or town and the state of the state o	State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Jeruale	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>5</u> (Year)
ia. If marriad, widow HUSBAND of (or) WIFE of	ved, or divorced		22. I HEREBY CERTIFY, That I attended of may 3, 1935, to May 6	laceased fro
S. DATE OF BIRTH	(month, day, and year)	ugust 11, 1923	I last saw her allve on may le , 1935	; death is sa
7. AGE Yes	ars Months	Days If LESS than	to have occurred on tha date stated above, atam.	
	7 8	25 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
kind of v	ssion, or particular work dona, as SPINNER, , BOOKKEEPER, etc	Schoolgire	Eliteritis Ocule	5/2/3
SAW MII 10. Data deceas this occu	businass in which s dona, as SILK MILL, LL, BANK, etc	herrch school 11. Total time (years) spent in this occupation 2.4	2. Oh Carlot Car	
2. BIRTHPLACE (ci (State or cou		rence	Direct Contributory Causes of Importance: Levitorities acule acoust Sugar Siffuse	11
13. NAME	Ralph P	reword	Tune TI	
	(city or town) Harri	restord	Name of operation Appendestory Date of "" What test confirmed diagnosis? Was there an a	1 ,
15. MAIDEN NA	ME Etta	Radi	What test confirmed diagnosis? Was there an at 23. If death was due to external causes (VIOLENCE) fill in also the following:	1
16. BIRTHPLACE	(city or town) Be	line	Accident, suicide, or homicide? Data of injury	
7. INFORMANT(Address)	Washington of	Saintarium Recar	Whera did injury occur? (Specify city or town, county and State Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA) CE.
	TION, OR REMOVAL.	Jack May 8, 193	Manner of injury	
9. UNDERTAKER	Am leogh	las mil		Ио
20. FILED May	6,1935	Registrar.	ke (Signed) OSP arrex	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	l H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage State	July 5,1927	Peritonitis	3 days ago
A company of the state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE C	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		97)
County Murit	genery	Registration Dist. No.
Village or City Zabut	ha thiff(No. 6 0 4 Carroll Care St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where o		ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME CLARA	DEale.	
(a) Residence: No. 604		St., Ward.
PEDCONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Famale white	OR DIVERCED (write the word)	month) (bay) (Year)
Sa. If married, widowed or divorced HUSBANO of (or) WIFE of	Deale.	22. I HEREBY CERTIFY, Thet I attended deceased fr
6. DATE OF BIRTH (month, day, and year)	ex 15 1869	I last saw here alive on rung [9 69] -: death is s
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 13 a.m.
65 6	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	71 6	arteris-seleron
	Unsuroun	- Jadej
work was done, as SILK MILL, SAW MILL, BANK, etc.		
O 10. Date deceased lest worked at this occupation (month and	11. Totat time (years) spent in this	
year)	occupation	Other Contributory Causes of importance:
12. BtRTHPLACE (city or town)	app. ma.	
13. NAME Charles I	med.	
= 0	kenne	Name of operation
(State or country)	War	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME MONS	waring.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	humos	Accident, suicide, or homicide? Date of injury, 19
(State or country)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jamo Col. (Address) 604 Canal	lane.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	1	Menner of injury
Place della me, mil	Date May 2, 19.30	Nature of injury
19. UNOERTAKER Outchie (Address) marloon	Bris.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED M 92. 19 135 H	60,00	(Signed) M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exampl	e I	1	Example II	
The principal cause of death an of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		uly5,1927	Peritonitis	3 days ago
Other contributory causes of im	portance:		Other contributory causes of importance:	
Gallstones	ı.	fay 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

Y. PHYSICIANS should state Exact statement of OCCUPA-

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH	0557
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1. PLACE OF DEATH	46-2
County Montgomery	Registration Dist. No. 216
Village or City Friend ship Horghlis	No. 5610 - We's are. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Susie Ritchie Duckett	
(a) Residence: No. 5610 - Wis are. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widowed 5a. If married, widowed, or divorced	21. DATE OF DEATH 5 / 9 (193) (Month) (Oay) (Year)
6. DATE OF BIRTH (month, day, and year) Jan, 12 - 1865	22. I HEREBY CERTIFY. That I attended deceased from 2-2, 1935, to 5-/9, 1935. I last saw h 22 aliva on 5-/9, 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10 - 1 - m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	defension to the lines
this occupation (month and spant in this occupation 12. BIRTHPLACE (city or town) - Retailed.	Other Coutributory Causes of Importance:
(State or country) P. G. Ros. md.	- Factor Factors
13. NAME John Seth Rotchie 14. BIRTHPLACE (city or town) Ritchie (State or country) P. G. Go. Ind.	Name of operation Tourney Date of Mar 20/36) What test confirmed diagnosis? Was there an autopsy? NO.
15. MAIOEN NAME Mary 6. Suit 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Addrass) 5610- His. arc.	23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVALT Place Forestville Md. Oats May 22 - 19 35	Manner of injury
19. UNDERTAKER John LEE Sons les. (Address) 300 - 4th at. h.E. Mach. 12le	24. Was disease or injury in any way related to occupation of deceased?
20. FILED \$120, 193 \(\text{\$\sigma}, \text{\$\text{\$\sigma}, \text{\$\text{\$\text{\$\genty}\$}}} \) Registrar.	(Signed) the M.D. (Address) 1309 R.D. and N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

em of infor-	hould state	OCCUPA-	/
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
TENT RECO	TLY. PH	ied. Exact	
A PERMAN	ted EXAC	perly classif	ificate.
SI SIHT-	ould be star	may be pro	TION is very important. See instructions on back of certificate.
ADING INK	ed. AGE sh	s, so that it	ructions on
WITH UNF	fully supplie	n plain term	nt. See inst
PLAINLY,	ould be care	F DEATH i	ery importa
SVINTE	mation sh	CAUSE	TION is

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	17
1	L PLACE OF DEATH	000	
	County Moutgoners	Registration Dist. No. 2	14
	Village or City Neusington	No Bladen burg Road st	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and no	umber)
	Length of residence in city or town where daath/occurred	27 ds. How long in U.S. if of foreign birth?	sds.
2	2. FULL NAME Charles O. Taward	0	
	(a) Residence: No. Blackens brug Road.	St., Ward.	
pa(20)(3)	(Usual playe of abode)	If nonresident give city or town and S	State
3.	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
-	Mal. 21 - OR DIVORCED (porite the word)	May 11,	193 5
5a.	- Courte Courte	(Month) (Day)	(Year)
	If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended of May 10, 1935 to May 11, -	lacaased from
	DATE OF BIRTH (month, day, and year) Obril 14. 1934	Hast saw h Low aliva on Teleny 10, 1935	· daath is said
-	AGE Years Months Days If kESS than	to have occurred on the data stated above, at 9:15 P.m.	
	/ 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:	
7	8. Trade, profassion, or particular	wata as follows.	Date of onset
0	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Laut.	Coursision,	5/11/35
PA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	acute Enteritie	710/31
OCCUPATION	SAW MILL, BANK, atc		
ŏ	this occupation (month and spent in this occupation occupation occupation occupation		
	12. · + 3	Other Contributory Causes of importanca:	
12.	(Stata or country)	······································	
œ	13. NAME Joseph Robert Edwards		
FATHER	11 20 - 11.	74	
FA	14. BIRTHPLACE (city or town) / rancuston (State or country)	Name of operation Data of What tast confirmed diagnosis? Was there an au	. 24
ER	15. MAIDEN NAME Pearl & Cator	What tast confirmed diagnosis? Was there an at 23. if death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	01.4-1	Accident, suicide, or homicide?	
M	16. BIRTHPLACE (city or town) Charles Live	Where did injury occur?	
	INFORMANT Mis. Vearl E. Edwards.	(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CF
17.	(Address) Teurington, rul	and the second s	ot.
18.	BURIAL, CREMATION, OR REMOVAL . Cem .	Mannar of Injury	
	Placa Cuckirlle muon Date May 12, 1935	Nature of injury	
19.	UNDERTAKER Marney 6. Immphrey (Address) Borwill marshald	24. Was diseasa or injury in any way ralated to occupation of decaased?	200
20.	FILED May 12 1935 Margaret C. Iremean	(Signed) Henry S. Brown.	M. D.
_	Local Registrar.	(Address) Levering tone	ued

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
6	100			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

STATE OF MARYLAND

PLACE OF DEATH

RESERVED

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR	
RESERVED	
ARGIN I	
	-

V. S. No. 1

County Mlong omery	Registration Dist. No. 2/8
Village or City General F. J. S.	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Johnie & Fruit	
(a) Residence: No Sermantorin	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Mag/th) (Day) (Ye
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended decease.
(or) WIFE of	mark/9,1935, to may 2 = 19.
6. DATE OF BIRTH (month, day, and year) May 5- 1919	I last saw have alive on May 22 1, 1935; death
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, et 10:30 Am.
/6 - //> 1 dey,hr	ware as follows.
8. Trade, profession, or particular kind of work done es SPINNER.	acute indocarditi Dates
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc SIndustry or business in which work was done as SILK MILL	13 plumelin Jesu 3-1.
CAN AND BANK STEEL	
O 10 Date deceased last worked at 11 Total time (veste)	
O this occupation (month and year) this occupation like occupation like	
12. BIRTHPLACE (city or town) Montager C. b. Luc	Other Contributory Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town) 24 9 a	
14. BIRTHPLACE (city or town) 2 C	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?.
15. MAIOEN NAME Bankra C Jaky	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
2/22 DY. 0	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Continues Comp Date May 24, 1936	Nature of injury
19, UNDERTAKER Ray W. Barber	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Cathershurg my	If so, specify
20. FILED Mars 24, 1935 abreita & Corke	(Signed) In I workant
Registral.	(Address) A Heartheaters In

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Thestores	May 1,1923	tusuventerus	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. outs NAME instead of street and number) (If death occurred in a hospital How, long Im. U.S. if of foreign birth? Langth of residence in city or town where death occurred. If nonresident give city or town and State (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO. 21. DATE OF DEATH OR D. VORCED (write the word) (Year) (Month) (Oay) 5a. II marriad, widowed, or divorced HUSBAND of 22. IHEREBY CERTIFY. That I attended deceased from (or) WIFE of 19: death is said 6. DATE OF BIRTH (month, day, and year) Dealt in where If LESS than Months Oavs 1 day, ... 6 hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or ... A .. min. Date of onset 8. Trede, p:ofession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was dono, es SILK MILL, SAW MILL, BANK, etc..... 11, Total tima (yaars) 10. Date deceased last worked at this occupation (month end spant in this occupation_ Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis?_____ Was there an au'opsy?____ 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: -16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, 18. BURIAL, CREMATION. OR REMDVAL Manner of injury Nature of injury 24. Was diseasa or injury in any way related to occupation of deceased?.... If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDIT	IONAL SPACE FOR FURTHI	ER STATEMENTS BY P	HYSICIAN	-
This child dear	of in where sever	of days beger	full - fare	Mo
buried chil	I on their our	promised -	were not done	weedle.
while to tarrey	IONAL SPACE FOR FURTHI of in when sever of on their burn fly an underl	tres.		
	1			
		21 -111		

	-CERTIFICATE OF DEATH 05581
1. PLACE OF DEATH	(46-2)
County Myplogomery	Registration Dist. No. 214.
Village or City Lilver Spring	NoSt., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary and	Lott
(a) Residence: No. 8900- Gengia are	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	
Female white OR DIVORCED (write the word)	21. DATE OF DEATH hay 20 ,193 5 (Worth) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of Bery. Du Latt	22. I HEREBY CERTIFY. That I attended deceased from 19.32, to hay 21, 19.35
DATE OF BIRTH (month, day, and year) Opril 23, 1857_	Hast sawh en alive on May 20 1, 1935; death is said
. AGE Years Months Days If LESS than	
76 0 27 1 day,min.	The TRICIPAL CAUSE OF DEATH and telated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEFER atte	Carcinana of liver Date of onest
9 fndustry or business in which work was done as SILK MILL,	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importancy Mcholesia to Januar
13. NAME Henry Shaw. 14. BIRTHPLACE (city or town) - Mary Land	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Nature and autopsy?
15. MAIDEN NAME Caroline Murph 16. BIRTHPLACE (city or town) Muryland	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Mury and	Accident, suicide, or homicide? Date of injury, 19,
7. INFORMANT Duro Virguia Conglila	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
8. BURIAL, CREMATION, OR REMOVAL Place Mono Case Cemetery Date May 239.	Manner of injury
9. UNDERTAKER It armer & Pumpling	24. Was disease or injury in any way related to occupation of deceased? No
(Address) Silver Spring on 4:	If so, specify
0 FILENDER 22 1935 78 1800 mg	(Signed) M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	STAUL	run	FURIDER	STATEMENTS	DI	PHISILIAN

BINDING

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MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesmon, (b) Grocery; should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to knew (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, (b) Automobile foctory. The materia For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., C'orcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by roilwoy troin-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory volvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05583
1. PLACE OF DEATH	46-00
County montgomers	Registration Dist. No. 223
Village or City Talama Barke	No. Washington Santarying St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 20.ds. How long In U.S. if of foreign birth?yrs
(a) Residence: No. Comagua, Veregue (Usual place of abode)	ele St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE So. Tish (Colored) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Relecca Queenings	22. I HEREBY CERTIFY. Thet I attended deceased from Opril 17, 1935, to May 27, 1935
6. DATE OF BIRTH (month, day, and year) Dec. 15, 873	I last sew him allve on May 27 , 1935; death is seld
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted ebove, at 7 - a.m.
62 5 12 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance user as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and spant in this	Coronous Exopliagus villy 1130-34 erosion into tracleo + left pleural Courty
year) - 28, 1930 occupetion 144 yrs 12. BIRTHPLACE (city or town) Banbadoe (State or country) west Indian De.	Other Contributory Causes of importence: sero-fibring such:
13. NAME Francis Quelles 14. BIRTHPLACE (city or town) Barbalage (Stete or country) West Judice	Name of operation Pastreastorny Date of 7, 35 What test confirmed diagnosis as pulsoscofy Was there an eutopsy? Yes.
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) West Indies	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Some reads (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMPTION, OR REMOVAD Place CLUCK COLUMN DEL	Manner of injury
19. UNDERTAKER DW DI PLIMBER OF DI - 3 AFRICA	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 5/27, 1935 NE Rogers.	(Signed) Leland 1. House M.D. (Address) Da Somo Parla Ud.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	1	Example II	
The principal cause of deat of importance were as follow Arteriosclerosis	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	18 -5-20-0	July 5,1927	Peritonitis	3 days ago
BUI	REAU V.S.			100-741-51
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	of importance:	May 1,1923		

BINDING	
FOR	
RESERVED	
ARGIN	

Fract statement of OCCUPA.

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

certificate.

Jo

See instructions on back

STATE OF MARYLAND—CERTIFICATE OF DEATH

05534

1. PLACE	OF DEATH		HILLER	23)	10004
County_	Moreon			Registration Dist. No. 2-1	/
Village o	residence in city or town where	death occurred. Y		No. 15, 15, St., death occurred in a hospital or institution, give its NAME instead of street andds. How long In U.S. if of foralgn birth? yrs.	Ward number)
2. FULL N	MAME 1. 1 00	9		on 1tacken	
	dence: No. Co and	(Usual place of	$\mathcal{R}, \widehat{F}, \widehat{\gamma}$	St., Ward. If nonresident give city or town an	J C
PERSO	ONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	d State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARE	tIED, WIDOWED, (write tha word)	21. DATE OF DEATH (Month) (Day)	, 193 S (Yaer)
(or) WIFE-o	dowed, or divorcad of f	Silvan Jane 20	1 danhar	1 HEREBY CERTIFY. That I attandar 1 S 1933 to March 13 1 last/saw him aliva on March 13, 1933	, 19 3 5
7. AGE	Yaars Months 45 orofession, or perticular of work done, as SPINNER, FER, BOOKKEEPER, atc	Days 26	If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
9. Industry work SAW 10. Oate dec	or business in which was done, as SILK MILL, MILL, BANK, etceased lest worked at	11. Total tir	ne (years)	(manha astimis)	1932
12. BIRTHPLACE (State or	(city or town)	Spen occur	tin this Popation	Other Contributory Causes of importance:	
13. NAME	Wiesiam /	man H	ala /		
H 14. BIRTHPLA	ACE (city or town)	an Gra	na.	Name of operationOata of	autopsy?
	ACE (city or town). / Ly e or country)	The B	um, ha.	23. If daath was due to external causes (VIOLENCE) fill In also the following Accidant, suicide, or homicide?Oate of injury Where did injury occur?(Specify city or town, county and Strength Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ng: , 19
	MATION, OR REMOVAL	Date 21119	19 ,19 35-	Manner of injury	
19. UNDERTAKER (Addiess)	author 12	Sour Come	9 mg/	24. Was disease or injury in any wey related to occupation of dacaasad? If so, specify	
l .	If more	blanks are needed, as		(Addrass) 2411 N. Charles Street, Baltimote, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

05535

1. PLACE OF DEATH	40-0
County Mantgomery County	Registration Dist. No.
	No. Washingslore Saularest, Ward
Length of residence in city or town where death occurredyrsme	os. 101 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME MYS. Mattie Hall	
(a) Residence: No. East Falls Church (Usual place of abode)	St., Ward. Usrgunian If nonresidint give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Temale Warried	21. DATE OF DEATH 21. (Year) (Year)
5a. If married, widowed, or divorced	,
(or) WIFE of mr. amold 15. Hall	22. I HEREBY CERTIFY, That I attended deceased from 3. Jeloniany 9, 19.35, to Messy 21, 19.35
6. DATE OF BIRTH (month, day, and year) You 10 1877	I last saw h.s. z. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 9 m.
58 II day,hrs	the tallows.
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma of Rectum 4/15/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chroni My deur dites 411-13
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Gladspring. Va. (State or country)	Other Contributory Causes of Importance:
13. NAME Ma, Joseph Autton. 14. BIRTHPLACE (city or town) Gladspring Va. (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Miss Mary Clark 16. BIRTHPLACE (city or town) Glads Jossing, Va.	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Washington Segretaring (Accome (Address) Le bones PA mande de la description de la come de la co	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Olarendon, - Date May 21, 1930	Nature of injury
19. UNDERTAKER 6. J. Jues.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Charendon, 0-	(Signed) Howard Ly Smith M.D.
20. FILED May 21 , 1935 A Let William Registrat.	(Signed) / 80/ OSP. N.W. Lon DC.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	of importance were as follows:	
			Attack of epilepsy	1 week ago
Chronic interstitial nepl	trilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TOTAL STREET	July 5, 1927	Peritonitis	3 days ago
	BURLAU V. S.	100		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED



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Example I Example H The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

FOR BINDING

RESERVED

ARGIN

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	m	
1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 weck ago
July 5,1927	Peritonitis	3 days ago
Man 1 1009	Other contributory causes of importance:	1 year
Muy 1,1925	(Tasiroenter tas	1 year
	1921	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

County Montgomery	Registration Dist. No. 217
Village or City Torker	No. St.
	If death occurred in a hospitul or institution, give its NAME instead of street and nur
8000 11.00	os ds. How long in U.S. If of foreign birth?
2. FULL NAME Ausan Hoclas	-el
(a) Residence: No. April (Usual place of abode)	St., Ward. If nonresident give city or town and St
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day)
5a. If married, widowed, or divorced	
(or) WIFE of Robert Holland	22. I HEREBY CERTIFY, That I attanded de
199 9	March 1, 19 3, to May 3,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated alove, at 21007-m.
20 Ma	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Rind of work done, as SPINNER, Arusakeeher	Pulmonary Newmark no
9. Industry or business in which	
work was dona, as SILK MILL, Cury Home	
10. Date daceased last worked at 3 · /935 11. Total time (years) spant in this occupation occupation	
71+ C.	Other Contributory Cunses of Importance:
12. BIRTHPLACE (city or town) (State or country)	P. D. The
II 13. NAME Hopkins	Branch of Myricis
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What tast confirmed diagnosis? Clinical Was there an aut
I 15. MAIDEN NAME amelia Warren	23. If death was dua to external causes (VIOLENCE) fill in also the following
16. BIRTHPLACE (city or town) Monty, Co. M. J.	Accidant, suicide, or homicida? Date of injury
₹ (State or country)	Where did injury occur?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa / Della Joata , 19.3.	Nature of Injury
19. UNDERTAKER Core (1. 10) onden	24. Was disease or injury in any way ralated to occupation of deceased?
- (Address) (Achtelle Ind	If so, spacify Of
20. FILED May 5 , 1935 . C. S. Barrely V	(Signed)
Registrar.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	4)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	
FOR	
RESERVED	
ARGIN	

te r.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(3)
of CC CC	county Montgomery	Registration Dist. No. 2/7
item of should of OCC	Village or City Olney	NoSt.,Ward
T S T		f death occurred in a horpital or institution, give its NAME instead of street and number) s ds. How long in U.S. if of foreign birth?
RD. Ever YSICIAN statemen		
ND. EvrrSICIA	0 1 11 0 7	
To less	(a) Residence: No. Mack Dille, Wild- 17.11.5	St., Ward. If nonresident give city or town and State
PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F. E.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
G. T. T.	Male Black Married	(Month) (Oay) (Year)
DING ANER A C T ssifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
ND SMA X A class	(or) WIFE OF Cmma Johnson	may 1 ,1934, to may 20 ,1935
	6. DATE OF BIRTH (month, day, end yeer) July 26, 1875	I last saw h. 1. m. elive on may 20 , 19.35; death is said
A P ted	7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, et 5.2.36 Pm.
FOR BI IS A PE stated E properly certificate.	3 9 2 1 day,mis.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
- 00	8. Trade, profession, or perticular kind of work done, as SPINNER, & arm abore Y SAWYER, BOOKKEEPER, etc	
THE OF PROPERTY PROPE	9. Industry or business in which	Chrone Juleathal Metal 6 1 yes
SERVI NK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	with throng myocaldity I
0) 14 6	11. Totet time (years) this occupation (month end	
REG I	year) occupation	Other Coutributory Causes of importance:
ARGIN RI NFADING oplied. AGI erms, so tha	12. BIRTHPLACE (city or town) Mondo only County (State or country) Mayy (200	
ARGI UNFA supplied n terms, ee instri		Coronary Occusion 3.m
DHA	E	none
	14, BIRTHPLACE (city or town) (State or country) Waryland	Name of operation Date of Was there en eu'opsy? The
		23. If death was due to external ceuses (VIOLENCE) fill in also the following:
	15. MAIDEN NAME Hannah Snowden 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
AINLY, d be cal DEATH y import	E (State or country) Maryland	Where did injury occur?
AIN d b DE	17 INFORMANT John Johnson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PL. Shoull OF 1	(Address)	
is E	Place Davids & Lind Date Ding L. 19 35	Manner of Injury
WKITE MATION SCAUSE TION IS	Place Davide Research United Property 19	Nature of Injury
L-W ma CA TIC	19. UNDERTAKER LOY MASTER	24. Was disease or injury In any way releted to occupation of deceased?
BB	(Addiess) Charithersture my	If so, specify (Signed) Chase Sumbleson M. D
» × ()	20. FILED Thay 23, 1933 Mus. C. & Barnsley.	(Address) Stall Shrull 3
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

M	ORD. Every item of infor-	HYSICIANS should state	t statement of OCCUPA-	
D FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	f certificate.
ARGIN RESERVED FOR BINDING	TH UNFADING INK-TH	ly supplied. AGE should b	lain terms, so that it may b	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY, WI	mation should be careful	CAUSE OF DEATH in p	TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05590
1. PLACE OF DEATH	93-2
County Mortgoreey	Registration Dist. No. 214
Village or City Resessingtion	NoSt Ward
Length of rasidance in city or town where death occurred \$55 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Elda Virginia 1	Trouse
(a) Residence: No. Har Zield	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 19 - 1935. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonge & Trouse.	22. HEREBY CERTIFY, That I attended deceased from Sept. 6 - 1933 to May 19 - 1935
6. DATE OF BIRTH (month, day, end year) Sept 28, 1853	I lest saw her alive on the first said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8: 30 Pm
8/ 7 2/ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
2 Trade profession or particular	Date of onset
kind of work done, as SPINNER, House - work.	Chronic Myocardetes Sept 1933
S. Hade, profession, or particular, or particular signal wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this property lable).	
10. Date deceased last worked at 11. Total time (years)	
o this occupation (month and spent in this 64 occupation 64	
12. BIRTHPLACE (city or town) Swiths buy rus.	Other Contributory Causes of Importanca:
(State or country) of the should the Church	Light to the
13. NAME John Hollingsworth	~
14. BIRTHPLACE (city or town) Suills buy und	Name of operation. There Data of
(State of Country)	What test confirmed diagnosis? To Carried Was there an autopsy? Zeo
15. MAIDEN NAME Evelyn Gardier	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Evelya Gardier. 16. BIRTHPLACE (city or town) Scientles brung. rud.	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Whare did injury occur?
17. INFORMANT Lenge S. Mrouse (Addrass) Kensington, and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleca Smithburg Md. Date 3 22, 1930	Natura of injury
19. UNDERTAKER Warner E. Princhlings (Address) Rockwille markand	24. Wes disease or Injury in any way related to occupation of dacaasad?
20. FILED May 21, 1935 margaret C. Tremeanic Local Registrar.	(Signad) Herry S. Brown M. D. (Address) FTEurington. rud.
If more blanks are needed, address State Registrar	2217 N. Charles Street Raltimore Requesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

5	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	\
FOR BINDING	S IS A PERMANENT R	stated EXACTLY.	properly classified. E.	certificate.
ARGIN RESERVED FOR BINDING	H UNFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	See instructions on back of
	-WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in pla	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	THE CORPOR	-CERTIFICATE OF DEATH 05591
County Moulgoin	ery	Registration Dist. No. 2 23
Village or City Lake observa	Park	No
Length of residence in city on town where deeth	occurredvrsmo	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmos
	00000	2
2. FULL NAME Dansus	26 M. Suga	
(a) Residence: No. 18 - Ma	(Usual place of abode)	St., Ward.
PERSONAL AND STATISTICA		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORCED (write the word)	21. DATE OF DEATH 3.0 1935
	widowed	(Month) (Dey) (Year
a. tf marriad, widowed, or divorced HUSBAND of (or) WIFE of	De l	22. I HEREBY CERTIFY, That I ettended deceased
Thana	- ye	1930 to 20 193
. DATE OF BIRTH (month, day, and year) Feb.	2.1 1852	I last saw h alive on
. AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, at 3:15 Am
82 3	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular	/ ormin.	were es follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	etired	may the more than may
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc	•	
1D. Date deceased last worked at this occupation (month end	11. Total time (years) spent in this	
year)	occupation	Other County of the County of
2. BIRTHPLACE (city or town) Ohi	Q	Other Contributory Causes of importance:
(Stata or country)		
13. NAME Thomas Co	. Kisle	
14. BIRTHPLACE (city or town) Person	sulva	Name of operation Date of
(State or country)		
15. MAIDEN NAME Maragas	el Henderson	
16. BIRTHPLACE (city or town)		23. If death wes due to externel ceuses (VIOLENCE) fill In also the following:
(State or country)	may war.	Accident, suicide, or homicide?
Dr Oh. 7	1-011	Where did injury occur? (Specify city or town, county and State)
(Address) 228 - Duas P	na right	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	or vice _11	
Place Oak Will Cometer to	ite Jusie / 1935	Manner of injury
04 50	D	Neture of Injury.
9. UNDERTAKER Starner (3. C) (Address)	umpliney	24. Wes disease or Injury In eny wey related to occupation of deceased?
	neg Mad.	If so, specify
(Address)		
0. FILED 5/31/35, 19 Pulley &	ownlet perm	(Signed) M. (Address) 1.1.3. Carroll St. Tahon P.R. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		-	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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()	5	5	13	2	
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94%	(1)	000
Registra	tion Dist. No. 210	6
No. 101- Printose eath occurred in a horpital or institution, give its N	AME instead of street and	Ward
ds. How long in U.S. II of foreign birth	?yrsm	osds.
twich		
St., Ward.	ident give city or town and	State
MEDICAL CERTIFICA	TE OF DEATH	
21. DATE OF DEATH		
May (Month)	(Day)	, 193_5 (Year)
22. 1 HEREBY CERT		
, to	May 6	, 19.35.
I last saw h. E. alive on May	6 19 35	; death is said
to have occurred on the date stated above, at.	1:35 A.m.	
The PRINCIPAL CAUSE OF DEATH and related were as lollows:	causes of importance	
Coronary Throm	hosis	Date of one of
201011011	V.Y.X3./	717-1-21
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
		-
		-
		-
Other Contributory Causes of Importance:		
Hypertension	and	
	,	
Arterio-scler	0515	
Name of operation none	Date of	
What test confirmed diagnosis? POMC		
23. If death was due to external causes (VIOLENC		
Accident, suicide, or homicide?	Date of Injury	, 19
Where did Injury occur?		
Specify whether injury occurred In INDUSTRY, i	ty or town, county and State n HOME, or in PUBLIC PL	te) ACE.
Manner of Injury		
Nature of Injury		
24. Was disease or injury in any way related to o	ccupation of deceased?	No
If so, specify	Α	
(Signed) Thomas Co	mad	
(Address) 5904 Con	ave Cheer f	chase he
N Chalasan B Lin B	M. C	- THE PARTY

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

BINDING	
FOR	
RESERVED	
ARGIN	

V. S. No. 1

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF MARY	AND-	CERTIFI	CATE	OF	DEATH
--------------------------------------	-------	---------	------	---------	------	----	-------

1. PLACE OF DEATH	05593
County Moulyonery	Registration Dist. No. 2/3
Village or City Consumple	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Wantield Scott Magreede	
(a) Residence: No.	St Ward.
(Usual place of Abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) William	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from april 5, 1935, to May 20, 1935.
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs, ormin.	i last saw h last aliva on 19 19 19 19 19 19 19 19 19 19 19 19 19
8 Trade profession or particular	Cerebral Capopley Bete of one of
kind of work dona, as SPINNER, P. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
O 10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) (State or country) Mary Land	Other Contributory Cagoes of importance:
13. NAME Samuel of Twansunder	
13. NAME Samuel of Magnetal 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of Country) / fleariffeed	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Prostle of Ciler 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stata or country) Mary Carry	Accident, suicida, or homicida? Date of Injury, 19 Where did Injury occur?
17. INFORMANT Dang little	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place (Sulle Hu) Date U/23 , 193 V	Menner of injury
19. UNDERTAKER Have E Pumphrey (Addrass) Rangoille Mily	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 5= 23, 1935 nus. W. J. Prall Registrar.	(Signed) A Hartte M. D. (Address) Rock or W.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
ATIETIOSCIETOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

GAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	534
1	1. PLACE OF DEATH	82-20	
	County Morely	Quelity, Registration Dist. No. 2/2	8
	Village or City Jackhurfung (If	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
V	Length of residence in city or town where death occurredyrsmos.		
1	2. FULL NAME ta May mars	den	
	(a) Residence: No. Harthurstone -	St., Ward.	
-	(Usual place of abode)	If nonresident give city or town and S	lale
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1	A. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day)	193 J (Year)
5a.	. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended de april 17, 1935, to May 16	eceased from
	DATE OF BIRTH (month, day, and year) May // 1860		19_535 ; death is said
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5:20 Pm.	uestii is salu
1	860 75 0 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as tollows:	Date of enset
TION	8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arteriosclerario	
OCCUPA	9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc		apr. 17,
000	10. Dete deceased last worked at this occupation (month and year)	<i>H</i>	<i>‡</i>
12.	BIRTHPLACE (city or town) Maryland -	Other Contributory Causes of importance:	
~	(State or country)		
HER	13. NAME That, Mandey		
FATH	14. BIRTHPLACE (city or town)	Name of operation Dete of	
_	(State or country)	What test confirmed diagnosis? Was there an au	topsy?)Li
MOTHER	15. MAIDEN NAME (Annu 1202)	23. If death was due to external causes (VIDLENCE) fill in elso the following:	
MO	16. BIRTHPLACE (city or town) 10 all more (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
17.	INFORMANT Horge & se ge of m wife (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	DE,
18.	BURIAL, CREMATION, OR REMOVAL Place Jonaten Park a Date May 18, 1935	Manner of injury	
-	Bally my hus	Nature of Injury	7/2
19.	UNDERTAKER (Address) Gaithrort of right	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED May 17, 1935 aweld & Cooke Registrar.	(Signed) Sather / Suh	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TAM Q 1803			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARY 1. PLACE OF DEATH	LAND-	CERTIFICATE OF DEATH	595
County months one		(122-8)	17
	2	Registration Dist. No.	
Village or City Colonia	on	of death occurred in a hospital or institution, give its NAME infead of street and	Ward
Length of residence in city or town where death occurred	yrsmos	sds. How long In U.S. If of foreign birth?yrs	mosds.
2. FULL NAME Elmin	This		
(a) Residence: No. Sause >>	1	St Ward.	
(Usual place of		If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH	
M Some	Co.	(Month) (Day)	., 193 5 (Year)
5a. If merried, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY That Lattendar	Allow Miles
(or) WIFE of Infant.		Mind of Mind	deceased from
6. DATE OF BIRTH (month, day, and year) 9/18/3	11		المنافعة : death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 4.30 cm.	e.; death is said
8 27.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	ormin.	were es follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. IO. Oate deceased last worked et		Intersuscepten	17/12/3
9 Industry or business in which work was done, as SILK MILL.	000		strata
work was done, as SILK MILL, SAW MILL, BANK, etc			
O 10. Oate deceased last worked et this occupation (month and year) occupation (month and year)	in this		
	/ •	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) My ETCS (State or country)	mson		
		Throly -	5715/
14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)	3-2	Nama of oparation Date of Date of	5/14/3:
	1	What test confirmed diagnosis?	
E	1	23. If death was due to external causes (VIOL ENCE) fill in also the following	
O 16. BIRTHPLACE (city or town)	Ce	Accident, sulcide, or homicida?	, 19
Hack to 1	V	Where did injury occur? (Specify city or town, county, and Ste Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PI	ite)
I7. INFORMANT (Address)	25		LACE.
18. BURIAL, CREMATION, OR REMOVAL	and	Mannar of injury	
Place GREENWOODE - QUE	LALZ, 191434		
Ri- wales Boll			2
19. UNDERTAKER (Address)	June and	24. Was disease or injury in eny way ralated to occupation of deceased?	Ilay
() la	1	(Signed)	84 5
20. FILED / May 13, 1935 System	Registrar.	(Address) Janes & D	M. D.
If more blanks are needed, add	-0	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	- Janes

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH DCC should Jo County Registration Dist. No. Village or City JO (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence in city or town where death occurred How long in U.S. if of foreign birth?_ statement (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE. 5. SINGLE, MARRIFD, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Month) (Day) (Yaar) 5a. If married, widowed, or divorcad CERTIFY. That I attended deceesed from 6. DATE OF BIRTH (month, day, and year) Thay 豆 certificate. 7. AGE Years Months Days to have occurred on the date stated above, of 5 If LESS than 1 day.____hrs The PRINCIPAL CAUSE OF DEATH and ralated causas of importance or____mln. Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work dona, as SPINNER. Jo SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. back plnods may no Date dacaasad lest worked at this occupation (month and 11. Total tima (years) spent in this that instructions occupation _____ UNFADING 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What tast confirmed diagnosis?. Was thera an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicida, or homicide?_____ Date of injury_____ DEATH 16. BIRTHPLACE (city or town) (Stete or country) be (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods very OF Manner of injury CAUSE mation LION 24. Wes disaese or Injury In any way related to occupation of dacaasad? 19. UNDERTAKER (Address) If so, specify (Signad) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

FOR BINDING

ARGIN RESERVED

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PERSONAL V S. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

1. PLACE OF				(108)	2	
County mandgamery				Registration Dist. No. 22	0.	
			(II	Noticeshing ton Sanstarium + Hospist, Warden occurred in a horpital or institution, give its NAME instead of street and number)		
Length of resi	dence in city or town where	deeth occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmo)sd	
2. FULL NA	ME Mr Q	dalph E.	maebs			
(a) Residen	ce: No. Kensung	Tan md	of abode)	St., Ward. Kensington md. If nonrelident give city or town and	State	
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			(write the word)	21. DATE OF DEATH 8. — (Month) (Dey)	, 193 (Year)	
5a. If married, widow HUSBAND of (or) WIFE of		oebs		22. I HEREBY CERTIFY, That I attended Way Z - 1935 to Way &		
6. DATE OF BIRTH	(month, day, and year)	narch 31	1883	I last saw h dem alive on Way 7 1951	; death is s	
7. AGE Yea	Months Months	Days 7	1f LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at 6.7.3.2.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
8 Trade profes	ssion, or particular		7 01	A	Date of on:	
SAWYER, 9. Industry or work was SAW MII	BOOKKEEPER, etc	ea Room 11. Total ti	me (years)	Lobor Vilinama	May	
year)	Cyril 30, 193 ty or town) 130 sto	.2 occu	pation	Other Contributory Causes of Importance:	72-11 Tc	
13. NAME	Henry Moe	bs		9000000		
(State or	(city or town)	many		Name of operation Date of What test confirmed diagnosis? Was there an a	iutopsy?Z	
15. MAIDEN NA	ME anna A	ng fang		23. If death was due to external ceuses (VIOLENCE) fill in also the following	:	
15. MAIDEN NAME Ana fing fang 16. BIRTHPLACE (city or town) See Emany (State or country)				Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19	
17. INFORMANT	Jakoma Pa		Records	(Specify city or town, county and State	e) ACE.	
18. BURIAL PREMAT	TON, OR REMOVAL	levate bear	710 ,1935	Manner of Injury		
19. UNDERTAKER	1 Renter	Rung	dy	24. Was disease or injury In any way related to occupation of deceased?	کده	
20. FILED May	9 12-	2 8 0,	Docks	(Signed) Herry D. Brown	N	

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes	Date of onset
Arteriosclerosis	1915	of importance were as follows: Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bulbeau V. S.			,
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 1	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	1
RESERVED FOR BINDING	San minister and a second
FOR	4 002
VED	NALE OF
RESER	
ARGIN	THE PERSON NAMED IN TAIL
Ď	TI III

County //oncomery	Registration Dist. No. 2/3
Village or City Sairhushung, m	of No. (Orulaide) St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurred	mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Herman Office	el
(a) Residence: No. Sarthers have	Marg. Oulande)
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word	
Married Midowed or divorced	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of (or)	22. I HEREBY CERTIFY, That I attended deceased f
orga office	Mar. 28, 1935, to May 10, 192.
6. DATE OF BIRTH (month, day, end year) NOV 26 1903	I last saw han alive on May 9 , 193 3; death is
AGE Years Months Days If LESS that	
3 3 5 14 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Julmonary luberculous 3th)
work was done, as SILK MILL, SAW MILL, BANK, etc	J
SAW MILL, BANK, etc	V
yaar) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Countributory Causes of Importance.
(Stata or country)	
13. NAME M. Offitt 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) md.	Name of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?_/.
15. MAIDEN NAME Susin Hawkins	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jusie Hawking 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT lings of frett (wf.)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MA	Manner of injury
Place Of Jentle Data May 13, 193	S. Neture of injury
19. UNDERTAKER Leonge R. Snowden	24. Was disaase or injury In any way related to occupation of deceased?
(Addiess) Tockrille ma	If so, spacify
20, FILED 5-13 1935' mis 47. Prace	(Signed) I Sworthart
6V: 11bbV	(Addrass) Justinlany mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	DII I	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



1. PLACE OF DEATH	53-6	2
County / Milgory	Registration Dist. No. 2	<u>/·</u>
Village or City Llsa		Ward
	JIS	11105
2. FULL NAME anner Elez Cland	Armon, I	
(a) Residence: No. (Olyne Y (Vaual place of abode)	St., Ward. If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 (Month) (Day)	
a. If marriad, widowed, or divorced		(1001)
(or) WIFE of bland J. Cland.	22. I HEREBY CERTIFY. That I attende	
DATE OF BIRTH (month, day, and year) Sent. 16, 1880	1	, 19づら L: daath is said
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2 2 2 Pm.	u_; daarn is said
54 7 20 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance	the defe
8 Trade profession or particular	ware as follows:	Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which	I formballe.	*-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Seemly	3/1/3
work was done, as SILK MILL, SAW MILL, BANK, etc		
20-1	Other Coutributory Causes of importance:	
2. BIRTHPLACE (city or town) (State or country)	Carrier Btallo	7/1/2
13. NAME Dry V. Myris.	- according to cordi	4-1-1-0
13. NAME ROW. Myrcs. 14. BIRTHPLACE (city or town) Del.	Name of operation	
(Stata or country)	Name of operation Data of What tast confirmed diagnosis?	7
15. MAIDEN NAME Mary Eliz Certis	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) 22	Accidant, suicide, or homicide?	-
(State or country)	Where did injury occur?	
7. INFORMANT Miss Sally Mysis- (Address) Bodsmile me	Specify city or town, county and St Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
8. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Piace Date Date 1104 9, 1935	Nature of injury Nature	
9. UNDERTAKER Description of the state of th	24. Was disease or injury in any way rainted to occupation of deceased?	n
O. FILED May 8. (1935. C. S. Bausley.	(Signed) And The Charles	м. р

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAUV	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. RECORD BINDING A PERMANE FOR TH UNFADING INK--THIS IS MARGIN RESERVED AINLY, WRITE

9.8 No. 1

PLACE OF DEATH	STATE OF MARYLAND
County, Moutgomery	CERTIFICATE OF DEATH
	Registration Dist. No. 2/6
Village or City Chary Chase Miso. 101 - Eas 2FULL NAME John O'She	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLET MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 16th, 1935
6 DATE OF BIRTH June 29 ⁻⁴ , 1863 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	2 Never State His Miller "I never state His Miller (Durstion) yes mos mos do
9 BIRTHPLACE (State or country) Ireland	Theseion never sow decedent prior to his death. No further Contributory Secondary information Cuts. (Durstion) yes mos do.
10 NAME OF Servis O'Shea	(Signed) 6. a. Duran M. D. May 16 1935 (Address) Buthana Man.
of Father (State or country) Ireland	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bridget O Shea	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Ireland.	At place of deathyismosds. In the Stateyrsmosds. Where was discose contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWDEDGE	if not at place of deah?
(Informant) Carrey Sica.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Carlinator Katl Center May 20, 19 35
15 Filed 5/8 192 V B C Plyry MU Registrai	20 UNDERMAKER R. Speare 1623-Com. and Wash. T.C.
If more b.anks are needed, addre.s Ltate Negistran	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); s. Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: A ccidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronicand consequences (e. g., sepsis, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further contemporates. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 29 1935

BUREAU V.S.

AGE should be stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		- (ADP)	00
County monteone	ry	Registration Dist. No. 217	
Village or City	ey, md:	No. Monto St., f death occurred in a hoppital or institution, give its NAME instead of street and nu	Ward
Length of residence In city or town where de		ds. How long in U.S. If of foreign birth?mos	
2. FULL NAME alice	Pinkett		
(a) Residence: No. 103 &	(Usual place of abode)	Laure Ward. Rockwelle, n	ed,
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wite the word)	21. DATE OF DEATH May (Month) (Day)	193 ST (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles 7C	. Pinkett	22. 1 HEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year)	1894	I last saw h. acc. alive on 5 - 8	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12:369 m.	
41 Winks	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	2
8. Trade, profession, or particular			Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	tousawefu	· · · · · · · · · · · · · · · · · · ·	
9. Industry or business in which work was done, as SILK MILL,		Lobar meunionia	unknow
SAW MILL, BANK, etc	11 Total time (veges)		
O this occupation (month end	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Pocker (State or country)	ville, mid	Other Contributory Canses of Importance:	
# 13. NAME (undervoum) Shel	tones		
E 70)000	e.Fa. Us.		
14. BIRTHPLACE (city or town) Was	tactore, va	Name of operation Dete of	
œ	- Challen	What test confirmed diegnosis? Was there an eu	
Ī	a special	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Hospitals 1	Records.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE	CE.
(Address) 18. BURIAL, CREMATION OR REMOVAL			
Place Lockerully	Date May 112, 1935	Manner of injury	
19. UNDERTAKER, FLO. R. Sm	owten	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	
(Address) Rockrille	nul.	If so, specify	
20. FILED May 12, 1935. C,	8. Baenslef	(Signed) (Address) Sandy Spring By	n. D.
If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting VIS. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

51.	AIE OF	MARY	LAND	CERTIFICATE OF DEATH	603
1. PLACE OF DEATH				102-01	
County	retgore	my.		Registration Dist. No.	2.14
Village or City	Telusi	ughtor	. rud	No. 28 Bladeus brug Roadst, death occurred in a horpital or institution, give its NAME instead of street and r	Ward
Length of residence in city (r town where dea	th occurred	yrs,mos		osds.
2. FULL NAME 4	ffred	Hon	drow (Poole	
(a) Residence: No. 28	OBlad	eus bu	9 Road	St., Ward.	
DEDCOMM.		(Usual place o		If nonresident give city or town and	State
PERSONAL AND				MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR (tite		(write tha word)	21. DATE OF DEATH May 8. (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorcal HUSBAND of (or) WIFE of	In fair	b .		22. I HEREBY CERTIFY, That I attended May 6 1935 to Alary 8.	daceased from
6. DATE OF BIRTH (month, day, as	d vear)	24	1934	I last saw haring alive on Telay 7 - 1935	death le said
7. AGE Years	Months	Days	1f LESS than	to have occurred on the date stated above, at 600 G.m.	, 40001113 3414
	4	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trada, profession, or partic kind of work dona, as SAWYER, BOOKKEEPER 9 Industry or busin w	ular SPINNER,	Lu Lac	t.	132-12-12-12-12-12-12-12-12-12-12-12-12-12	Date of onset
CAW MILL DAMY	ich			()	May 6,3
10. Data deceased last worked this occupation (month year)	at		ne (years) t in this pation		
12. BIRTHPLACE (city or town)	Clark	sburg	· red	Other Coutributory Causes of Importance:	
1 -4 -4	20001	9		Ceule Pronchitis	Eley 1 :
E	2	t free	rud.	740.8	
14. BIRTHPLACE (city or town) (State or country)		· , ,		Name of operation Data of What test confirmed diagnosis? Was there an a	. 74
15. MAIDEN NAME	ta Es	telle (Poole	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Trew	pterin	rud	Accidant, suicide, or homicide? Date of injury	
∑ (State or country)				Where did injury occur?	
17-INFORMANT Etta Estelly Prole. (Address) Reusington rud				(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL				Mannar of injury	
Place Cares. 12	st brulg	Date Mg	10 ,1935	Nature of injury	
19. UNDERTAKER Lot W Barle				24. Was diseasa or Injury In any way related to occupation of decaasad?	Zes.
(Address)	hersh	mg 20	and .	If so, specify	
20. FILED May 8 , 195	15 mara	Fact C. J	remearne	(Signed) Henry N. Brown.	M. D.
The second second		Loc	Registrar.	(Addrass) Lewington w	Lel_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAIL V. S.	ę		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

	STATE OF MARTLAND	CERTIFICATE OF DEATH	701
1. 1	PLACE OF DEATH	<u> </u>	
16/3	County Moutgomery	Registration Dist. No.	14
	Village or City Kelleswaton	No. Prospect St.	Ward
100		f death occurred in a horpital or institution, give its NAME instead of street and n sds. How long in U.S. if of foreign birth?yrsmo	
2. 1	FULL NAME umamed jufani	t (stillborn) derd	
	(a) Residence: No. Prospect (Vyuai place of abode)	St., Ward. If nonresident give city or town and it	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	uale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day)	, 193 5 (Year)
5a If	marriad, widowed, or divorced USBAND of		
(0	or) WIFE of	22. 1 HEREBY CERTIFY, That I attended of	leceasad from
7,11	110 7 1227	May 7, 1925, 10 May 7	, 19_22
6. DAT	TE OF BIRTH (month, day, and year) Way 1 935 Years Months Days If LESS than	I last sew h. alive on	; death is said
7. AGE	1 day,hrs.	to have occurred on the data stated above, at	
1 0	Ormin.	were as follows:	Date of onset
OCCUPATION	B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillrom	
TA S	Industry or business in which		
5	work was done, as SILK MILL, SAW MILL, BANK, etc	(4 mouths abortion)	
0 10	Dete deceased last worked at this occupation (month and spent in this occupation countries)		
	N	Other Contributory Causes of Importance:	
12. BIR	(State or country) Warulale U		
œ 13	NAME Alorsius 7101 Reid.		
II -	1 w		
¥ 14.	BIRTHPLACE (city of town) Soyda (State or country)	Name of oparetion	
œ 15.	MAIDEN NAME Marthe 16 Stone	What test confirmed diagnosis?	
프	0-1-1-01-1	23. If death was due to external causes (VIOLENCE) filt in also the following:	
₩ 16.	(Stata or country)	Accident, sulcide, or homicide? Date of Injury Where did Injury occur?	, 19
17. INF	ORMANT Mrs. Martha Reid (Address) Prospect St. Kensington	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18, BUS	RIAL, CREMATION, OR REMOVAL	Manage of Internal	
	Place sewage disposal Date May 7, 1935	Manner of injury	
19. UNI	DERTAKER (Address)	24. Was disaase or Injury In any wey related to occupation of deceased? If so, specify	
20. FIL	ED May 8, 1935 Margaret C. Inemearne Local Registrar.	(Signed) Katharine A. Chapme (Address) 2020. Balta St., Kenting	tow.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No

item of infor-

of OCCUPA-

County Montgomery County Registration Dist. No. Mary Land No. (It death occurred in a hospital or institution, give its NAME instead of street and number) Langth of rasidence in city or town where death occurred yets. mos. ds. How leng in U.S. If of farigin birthy. (a) Residence: No. 220 Elm. St. (Unsaphece of dodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. S. SINGE, MARRIED, WIDOWED, Organish word? Mary 1 death occurred on the deta strete above, it. 1954. To have occurred on the deta strete above, it. 1954. Mary 1 death it sells to have occurred on the deta strete above, it. 1954. Mary 1 death it sells to have occurred on the deta strete above, it. 1954. Mary 1 death it sells to have occurred on the deta strete above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred on the deta street above, it. 1954. Mary 1 death it sells to have occurred	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	5605	
Village or City, Chevy, Chase, Maryland (16 death occurred in a hospital or institution, give in NAME instead of street and number) Langth of residences in city or town where death occurred in a hospital or institution, give in NAME instead of street and number) As How long in U.S. If of foreign birth? Jesus As Ho					(308)	/	
Langth of residence in city or town where dasth occurred yrs. mos. ds. How long in U.S. if of foreign british?	County Mon	tgomery	County		Registration Dist. No. 2/	6	
Langth of rasidences in city or town where dasth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME	Village or City Che	vy Chase	, Marylar	ıd			
(a) Residence: No. 220 Film St. (b) Residence: No. 220 Film St. (b) Residence: No. 220 Film St. (c) Residence: No. 220 Film St.	Langth of rasidenca In ci	ty or town where	daeth occurred				
(a) Residence: No. 220 Film St. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRED, WIDOWED, OR MATTIGUE OF DEATH May 13 (Month) (Day) (Year) 22. DATE OF DEATH May 13 (Month) (Day) (Year) 23. If HEREBY CERTIFY That I attended deceased from Coro Wife of Coro Wife o	2. FULL NAME	JOSEPH C	BIRNER	V			
Clust place of abode The normal city of cover and State				•	St Ward Chewy Chese Md.		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, wildowed, or divorced HUSARD 193, 5 1	(4) 11031301100.1101_			of abode)	If nonresident give city or town and	State	
Male White OR DIVORCED (write the word) Married, widowed, or divorced HUSBAND (Month) 58. If married, widowed, or divorced (Month) Figure 1922. 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. If LESS than Judy,hrs, ormin. 8. Industry or business in which this security or business in which this securation ment and year) 8. Industry or business in which this security or business in which this securation ment and year) 8. BIRTHPLACE (city or town). 12. BIRTHPLACE (city or town). 13. Shawne ot own, (Stels or country) 14. BIRTHPLACE (city or town). 15. MADEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT 18. BIRTHPLACE (city or town). 18. BIRTHPLACE (city or town). 19. OR Date of injury. 19. OR Da		D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
HUSBAND of (or) WIFE of JOEN C. RIDGWBY 6. DATE OF BIRTH (month, day, and year) Mar. 10, 1874 7. AGE Years Months Days If LESS than 1 day, hrs. of min. 61 2 3 1649, hrs. of min. 2. Lirade, profession, or particular SAVYER, BOOKKEEPER, etc. SAVYER, BOOKEEPER, etc. SAVYER, BOOKKEEPER, etc. SAVYER,	Male Wh	ite	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word)	May 13	, 193 5 (Year)	
6. DATE OF BIRTH (month, day, and year) Mar. 10, 1874 7. AGE Years Months Days If LESS than to have occurred on the data stated above, it. 186, p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW, etc. O. Date deceased last worked at # // A 11. Total time (years) occupation. (State or country) I. BIRTHPLACE (city or town). (State or country) T. INFORMANT (State or country) III nois (State or country) III nois T. INFORMANT (Address) T. INFORMANT (Address) T. INFORMANT (State or country) III nois T. INFORMANT (State or country) III nois T. INFORMANT (Address) T. INFORMANT (State or country) III nois T. INFORMANT (Address) T. INFORMANT (State or country) T. INFORMANT (State or country) T. INFORMANT (Address) T. INFORMANT (State or country) T. INFORMANT (State or country) T. INFORMANT (Address) T. INFORMANT (State or country) T. INFORMANT (State or country) T. INFORMANT (Address) T. INFORMANT (State or country) T. INF	HUSBAND of	Jean	C. Ridge	vay			
7. AGE Yaars Months Days II LESS than I day	6. DATE OF BIRTH (month, day	and year) Ma	r. 10. 18	374		/	
Date of constitutions of particular printer Nind of work done, as SPINNER, Printer SAWYER, BOOKREPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at H/43 11. Totel time (years) spent in this year) 12. BIRTHPLACE (city or town) Shawneetown, (Stete or country) 1111nois. 13. MAME 14. BIRTHPLACE (city or town) Carmi, (Stata or country) 1111nois 15. MAIDEN NAME Sarah C. Ridgway, (Stata or country) 1111nois. 16. BIRTHPLACE (city or town) Shawneetown, (Stata or country) 111nois. 17. INFORMANT 18. BURTHPLACE (city or town) Shawneetown, (Stata or country) 111nois. 18. BURTHPLACE (city or town) Shawneetown, (Stata or country) 111nois. 19. UNDERTAKER Martin W. Hysung W. Mener of Injury. Name of operation. What test confirmed diagnosis? Was there an autopay? No. 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Name of operation. What test confirmed diagnosis? Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Nature of Injury			1	If LESS than	to have occurred on the data steted ebove, at 1: 86p.m.		
S. Irda, profession, or particular Mand of work done as SPINNER, Printer	61	2	3			1000	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 11 linois 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 11 linois 16. BIRTHPLACE (city or town) 11 linois 17. INFORMANT 19. INFORMANT	SAWYER, BOOKKEE SAWYER, BOOKKEE SAWYER, BOOKKEE Work was done, as SAW MILL, BANK, of this occupation (mo	as SPINNER, PER, etc	3. 11. Totel t spe occ	nime (yaars) Int In this 5 Mg upation 1	Other Contributory Causes of Importance:		
What test confirmed diagnosis? Was there an autopsy? 22. 15. MAIDEN NAME Sarah C. Ridgway, 16. BIRTHPLACE (city or town) Shawnee town, (Steta or country) Illinois. 17. INFORMANT Jean C. Ridgway, (Address) 220 Elm St. Chevy Chase, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date May 15, 19 35 Nature of Injury 19. UNDERTAKER Martin W. Hysung Company of Markey Chase of Markey C					Pulmonary embolim 5,		
Whate did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date May 15, 19 35 Nature of Injury 19. UNDERTAKER Martin (Addrass) 1300 N St. W. W. (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Nature of Injury 19. UNDERTAKER Martin (Addrass) 1300 N St. W. W. (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (State of the state of the stat	13. NAME G 14. BIRTHPLACE (city or to (Stata or country)	wn Car	mi.			8-	
18. BURIAL, CREMATION, OR REMOVAL Place Codar Hill Date May 15, 19 35 19. UNDERTAKER Martin W. Hyswag Co (Addrass) 1300 N St. N.W. (Addrass) (Signed) Fare C. Carley M. D. (Signed) Fare C. Carley M. D.	17. INFORMANT JOBS C. RIDGES				23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Whare did injury occur? (Specify city or town, county and State)		
19. UNDERTAKER Martin W. Hyswing Co (Addiass) 1300 N St. W. W. (Signed) 24. Was disaasa or injury in any way related to occupation of daceasad? 720 (Signed) (Signed)	18. BURIAL, CREMATION, OR REMOVAL						
os ruce U//U/ 100 1/ (V U/////) (Signed)	1000			Co	24. Was disaasa or injury in any way related to occupation of daceasad?	220	
Registrar. (Address) 105 (Address) 105. No. 1.	20. FILED 3/3/,	19.3 / 4	vere		(Address) POS Trafton S	Z, M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
		5 2
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Montagmen	Registration Dist. No. 214
Village or City Salvert Abrida. M	1 82 to George A.
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME / JOBEBIS, Ch	arles Briggs +
(a) Residence: No. 5758 Levogia and	st., Marshington, Olo
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
	200, 14. 1934, to May 31, 1935
6. DATE OF BIRTH (month, dey, and yeer) Japt 10, 1893	I lest sew h sm elive on Thay 37, 1935; death is seid
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 3.1 4.52.m.
9/ 0 \alpha/ ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Lander SAMYER, BOOKKEEPER, etc.	
4 Industry or husiness in which	Must Dilation of Seast 5.31-35
work wes done, es SILK MILL,	Tonsiblectomy: for shrohic tonsilitin. Dans-
10. Date deceesed last worked et / 11. Total time (veers)	tion; call bea life. Sciatica: direction, too years;
this occupation (month and 5-21-35 spant in this occupation / 0 yrs	o Chamic amocarditis. Duration two years.
12. BIRTHPLACE (city or town) Maynesolle no.	Dther Contributory Causes of Importance:
(State or country)	Chronic margardilis
13. NAME Clobury Skykas roterts 14. BIRTHPLACE (city or town) Maurianille n. C.	" delatica
	Name of operation To neillectony. Dete of 5-31-35
(State or country)	What test confirmed diagnosis? Clinical Wes there en eu opsy? 770
15. MAIDEN NAME Jorena Colande	23. If deeth wes due to external causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Aywood Co. 7. 6.	Accident, suicide, or homicide? Date of Injury19
Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT FUNCTION (Address) Busines - & C.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OB REMOVAL THE June	Menner of injury
Place Fragmente Dete May, 3 1932	Nature of injury
19. UNDERTAKER Warner Entume hier	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Silve Spring	If so, specify
20. FILED June 2, 1955 J. E. Dusou 06	(Signed) State of the Management of the M.D.
Coll Register. V 1	(Address) Allren Shine ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	ple I		Example II	
The principal cause of death a of importance were as follows:	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	5 10 D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ;	6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	8 4	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	nfortance: 6		Other contributory causes of importance:	
Gallstones	K B	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	05607
county montgomery	Registration Dist. No. 223
Village or City Takowa Park, md	No. Wash. San. + Hoskst., Ward death occurred in a horpital or institution, give its NAME instead (platreet and number)
Length of residence in city or town where deeth occurredyrsmos.	How long in U.S. if of foreign birth?mosds.
2.1 1	st. Ward Cheux Chase Md.
(a) Residence: No. of Observary 37. (Usual place of abode)	If gonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Taul ()- Rogers	22. I HEREBY CERTIFY. That I ettended deceased from May 19, 1935, to May 20, 1935
6. DATE OF BIRTH (month, day, and year) Dec. 1893	I lest saw here alive on May 20 193.5; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 01152 m.
4/ 5 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
9 Trade profession or particular	Sero-fibringes Henrisy Quite Globar 5-13-35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and 1928 spent in this 7 year)	
12. BIRTHPLACE (city or town) Plats burg, N. 4. (State or country)	Other Contributory Capses of importance: Seriforyilis General with adhermin Herro
13. NAME John Parkins	A +
13. NAME John Farkins 14. BIRTHPLACE (city or lown) Penna (State or country)	Name of operation appendiction Date of 5-16-35. What test confirmed diagnosis autopsy Was there an autopsy? Yes
# 15. MAIDEN NAME Kathryn Ford	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Kathryn Ford 16. BIRTHPLACE (city or town) Panna. (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Sanitarium Records	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PROPORTO May-22-, 1935	Manner of injury
19. UNDERTARTA D. Lines Ce; (Address) 290 - Ft Ch St. W.W.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED May 21, 1935 HER offers	(Signed) I land R. Storise M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1.00	Example I	il il	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	mst - types	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BIDEAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory of	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PERMANENT RECORD. Every item of infor-	I EXACTLY. PHYSICIANS should state	rly classified. Exact statement of OCCUPA-	rate.	
IS A	state	prope	certifi	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OccuPA-	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05608
1. PLACE OF DEATH	~~~~
County montgomery	Registration Dist. No. 2/6
00.10	
Village or City Cherry Charles	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Rathryne R. Jak	les/
12 2 0 0 0	
(a) Residence: No. 12 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 7
OR DIVORCED (write the word)	may 30 102 S
Jeman voicy harried	(Month) (Day) (Yeer)
5a. If marriad, widewed, or divorced HUSBAND of (or) WIFE of Donald Company of Company o	22. I HEREBY CERTIFY, That I attended deceesed from
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Jan 1 30 , 19 SV, to may 2/ 19 3V
6. DATE OF BIRTH (month, day, and year) Welluber 2 1 1564	Hast saw h M alive on may 2, 193, death is said
7. AGE Years Months Days If LESS than	to heve occurred on the data stated above, at 3,00 4 m.
68 I I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
9 Trade profession or particular	(arcinoma d) Data of onset
kind of work done, es SPINNER, Kelirek SAWYER, BOOKKEEPER, etc.	Measto
9. Industry or business in which	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last workad at this occupation (month end	
O 10. Date daceased last worked at this occupation (month end year) year)	
Town north	Other Contributory Causes of Importance:
I2. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Rest Market	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Cathering O'Conor	23. If death was dua to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT M. John J. Sadler (Address) 128 Leland II. Chevy Change	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Mennar of injury
Place I johns len, forest Date June 1, 1938	Nature of injury
19. UNDERTAKER James & Pumplyrey	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) slover spering mil	If so, specify B Played
20. FILED 6/3/ 1935 B. C. Verry, m. L.	(Signed) M. D.
Registrar.	(Address) Classoft, 100

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
			Joan

infor- state UPA-	STATE OF MARYLAND-	CERTIFICATE OF DEATH 05609		
item of infor should stat of OCCUPA	County Montgoning Park Village or City Jukoma Park	Registration Dist. No. 223 No. ///2 Alvaev ave St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
PHYSICIANS oct statement	Length of rasidence in city or town where death occurredyrsmos. 2. FULL NAME			
PHH to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Y. Exe	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 8 11 1935		
X A C T L classified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended deceased from 1935, to My 8, 1935		
-	6. DATE OF BIRTH (month, dey, and year) May 8 . 1935 7. AGE Years Months Deys If LESS then	I lest saw have alive on MANT 1935; deeth is seid to heve occurred on the date stated above, et 2.28 m.		
IS A PE stated E properly certificate	1 dey hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence		
INK—THIS should be t it may be on back of	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate daceesad last worked at this occupetion (month and year) year) 11. Total tima (years) spent in this occupation occupation.	mere es follows: Oate of o Oate o		
DIP Se se	12. BIRTHPLACE (city or town) Monly overy Des (State or country)	Other Contributory Causes of importence:		
sur sur in to	13. NAME CON SERV. 14. BIRTHPLACE (city or town) Mongonery Converge Conver	Nema of operation		
JAKLY, W ld be careft DEATH in y important	15. MAIOEN NAME (livering thinks) 16. BIRTHPLACE (city or town) Monganish Colonia (State or country) 15. MAIOEN NAME (State or country)	23. If death wes due to external causas (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?		
	17. INFORMANT East Sect of January (Address)			
FE SI	18. BURIAL, CREMATION, OR, REMOVAL PIECE COLESAVOLE Med Oate May 9 , 1935	Menner of injury		
B.—WRIT mation CAUSI TION	19. UNDERTAKER (Address) Goldschaft Father	24. Was disease or injury in any way releted to occupation of deceased?		
ż	20. FILEO May 8, 1935 26. E. Rogers	(Signed) A Carroll all		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		030130311	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 V. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-V. S. No. 1

JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH USBID
=	1. PLACE OF DEATH	93-C Posistration Dist No. 1/3
000 J	County I fould the	registration Dist. No.
of	Village or City January (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ut	Length of residence in city or town where death occurredyrsyrs	ds. How long in U.S. if of foreign birth?mosds.
eme	2. FULL NAME Sarry M Aho	ru T
statement	(a) Residence: No. Iravellali	St., Ward.
Exact	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eily or town and State MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 1
	male while or DIVORCED (write the word)	(Manth) (Day) (Year)
3	5a. If married, widowed, ex divorced HUSBAND of	(J**//
assilled	(or) WIFE of Syarcha O Shaw	1 HEREBY CERTIFY, That I ettended deceased from
. c	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on Office 1985; death Is said
erly	7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, at 5
properly certificate.	34 5 16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were se follows:
be p	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Coronary Jusqueson 5/29/3
	Industry or business in which	myocaloliles 19/33
may	work wes done, as SILK MILL, SAW MILL, BANK, etc	frif Eudlewy Mistat
t it on	D 1D. Date deceased last worked at this occupation (month end spent in this	Chronic Innecarditis Duration; two years
tha	year) occupation	Dither Contributory Control of importance:
soucti	12. BIRTHPLACE (city or town) Aarry Karrel (State or country)	alcoholoson at interval
instri		quease 15 gro
	T CONTRACTOR OF THE CONTRACTOR	Neme of operation Aug Date of
Se	14. BIRTHPLACE (city or town) Many Council (State or country)	What test confirmed diagnosis? Wes there an autopsy?
nt.	15. MAIDEN NAME Many Scellware	23. If deeth wes due to external causes (VIDLENCE) fill in also the following:
very important.	5 16. BIRTHPLACE (city or town) Manyland	Accident, suicide, or homicide? Date of injury, 19
mport	(State or country)	Where did injury occur? (Specify city or town, county and State)
y i	17. INFORMAND MO Maybeas G- Shaw - mfo	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	(Address) Travelale - MCC	Manner of injury
IS IS	Place V Momac Date May 4 1983	Nature of injury
CAUSE TION is	10 HADESTAND And Prestructures	24. Wes disease or injury in any way related to occupetion of deceased? Zw
HC	19. UNDERTAKER And Starter Sumpling (Addiess) Proclavelly Mark	if so, specify
T)	20. FILED May 3- 1935 Uplo D Nous M	(Signed) Moleri Dhump M.D.
	Que Registrar.	(Address) Dansentilly Ud
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example 11	A
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

STATE OF MARY	LAND-	CERTIFICATE OF DEATH	211
1. PLACE OF DEATH		(144)) 1 1
County montgomen		Registration Dist. No. 22	3.
Village or City Takona Bank	(If	No. 4 - Parallan Andrew St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Langth of rasidence in city or town where death occurred	Zyrsmos	ds. How look in U.S. If of foreign birth?yrsmos.	ds.
2. FULL NAME EMM # L. SM	iTH	The state of the s	
(a) Residence: No. 4. Papa A Reful place of	abode)	St., Ward. If nonresident give city or town and Ste	
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	ie
3. SEX 4. COLOR OR RACE 5. SINGLE, MARR OB DIVORCED Warre	(write the word)	21. DATE OF DEATH	93-5
5a. If marriad, widowed, or divorced		(Month) (Day)	(Year)
(or) WiFE of William Mora	mitte	22. I HEREBY CERTIFY. That I attandad dec	eased from
6. DATE OF BIRTH (month, day, and year) Hove 27 -	1885	I last saw h FR alive on 1935; d	,
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, 4 /- 2:30 Bm.	Cath 13 3g10
49 5 14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raigled causas of importance were as follows:	
a Trade, profassion, or particular	or a second	Surgile (Aubonit Con)	ate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. referred - Cla	h		
9. Industry or business in which Congressional work was done, as SILK MILL, Worth. S. SAW MILL, BANK, etc.	Library		
10. Date dacaased last worked at this occupation (month and year) occupation	a (years) in this ation		
12. BIRTHPLACE (city or town) Wash. DC (State or country)		Other Contributory Causes of importance:	**********
13. NAME Christian anderson			
14. BIRTHPLACE (city or town) - Lumany		Name of operation Data of	
(State or country)		What test confirmed diagnosis? Chice Was there an auto	psy?
15. MAIDEN NAME Louise 6 stine		23. If death was due to external causas (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country) Wash, De		Whera did Injury occur?	
17. INFORMANT Milliam M. Smith (Address) # 4 / Bolan ave - Japon	thurbon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Mash. D.C. Date May -1	1935	Nature of injury	
19. UNDERTAKER W. W. C. Karolina & O. (Addiess) 1400 Chari STN	V	24. Was disease or injury in any way related to occupation of daceased?	
20. FILED May 11, 1935 76. 6. 1	Registrar.	(Signed) M. A. Shanne (Address) 1.2. Carrell M. J. ahrne	P KR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago SILDERT Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastrocnteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

N. B.

S	TATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

1 DI A	CE OF DEAT	IAIE O	r MAR	I LAND	CERTIFICATE	OF DEATH	05612
			-		46-20		A 1-
Coun	ty Moule	gours	y		00 4-	Registration Diet. No.	
	ge or City C	iney, 2	nary	leach (1	f death occurred in a horpital or insti		eet and number
Length	n of residence In cit	y or town where de	ath occurred	yrs,mos	s7ds. How long in U.S. if	of foreign birth?yrs	mosds.
2. FULL	NAME	Mrs. X	arah	6 Cleu	Stackhou	re	
	residence: No	Spence	(Usual place		y ward	If nonresident give city or to	wn and State
	SONAL ANI	D STATISTIC	CAL PARTI	CULARS	MEDICAL (CERTIFICATE OF DEA	TH
Jeur feur	ale 4. COLOF	e OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	nay 24	, 193 (Year)
HUSBAN	, widowed, or diver	ced	31 8	ackhou	22	V CERTIEN That I at	,
(or) WIF	E of LCC	ciacie	01. 100		Jan /	Y CERTIFY, That I at	
6. DATE OF I	BIRTH (month, day,	, and year) De	e. 91	1863	I last saw heek alive on	may 24	935; death Is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the dete sta	ted above, et // Dm.	
	71	5	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATII end related causes of important	1
Z 8. Trade	e, profession, or par nd of work done, a	rticular				0.0.	Date of onset
S	AWYER, BDDKKEEF	ER, etc	nou	<u></u>	parcinonis	e of liver	Julnow
9. Indus	try or business In ork was done, as SI AW MILL, BANK, et	which ILK MILL, tc					
O 10. Date th	deceased last work	ked at th end	sper	me (years)			
ye	ear)		OCTU	pation	Other Contributory Canses of Im-	portance:	
	ACE (city or town)_	0-77					
	or country)	Herry	w		Welmid	, /	1/20/2.
13. NAME	Neon	ge 12	eaty				/00
4 14. BIRTH	IPLACE (city or tov	W-0-0-0-			Name of operation		ite of
(3	State or country)	Alle	oca.		What test confirmed diagnosis?	Examination Was the	ere an au'opsy? MC
15. MAIDI	EN NAME	dry 6	Cleate	2		auses (VIDLENCE) fill in also the fo	
16. BIRTH	IPLACE (city or tow	vn)			Accident, suicide, or homicide?	Mone Date of Injury	, 19
2 (S	State or country)	- O'RE			Where did injury occur?	/S	.10
17. INFORMAN		pital	Reco	rela	Specify whether injury occurred	(Specify city or town, county a in INDUSTRY, in HOME, or In PUB	LIC PLACE.
18. BURIAL, Ç	REMATION, OR RE	MDVAL	/		Manner of Injury		
Plac	Sustones	elle horces	Date May	27,1935	Nature of Injury		
19. UNDERTA		enberg &	her ol	Rug		way releted to occupation of deceas	ied? No
20, FILED	ray 26,1	35.0	& Ban	Registrar.	(Signed) CON	mbleson	M. D.
	1	If more ble	inks are needed, a		2412 N. Charles Street, Baltimore, A	Requesting V. S. No. 2.	1 mon 5

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	 		

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

- (1	par.	0	1	3
-	J	J	6	I	1)

	1. PLACE OF	PEATH	Ma (47-6
	County_/_	Jon of the	V		Registration Dist. No.
3	Village or C		a l'ar		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of resi	dence in city or town where	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrs,mosds.
E 7/4 E :	2. FULL NA	ME Unn	a Wan	e //h	omasson
	(a) Residen	ce: No. 220 -	Tellow	anc. Tak	Ble Drivid.
			(Usual place	of abode)	If nonresident give city or town and State
_		AL AND STATIS	FICAL PARTIE	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX Z	4. COLOR OR RACE	5. SINGLE, MARI	(write the word)	21. DATE OF DEATH
5a	. If married, widow	ed, or divorced	14 -	71	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	Harrel	halsen	Momassu	22. The I HEREBY CERTIFY, That I attended deceased from
		6	1/10	# 10-11	- They 10, 1934, to May 6, 1935
e. 6.		month, day, and year)	uly 100	1839	I last saw h
25 7.	AGE Yea	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.
certificate	8	0 9	20	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
of co	8. Trade, profes	ssion, or particular ork dona, as SPINNER.	7/	.//	Carcinana J Ump
		vork dona, as SPINNER, BOOKKEEPER, etc	youses	Y	delema 1,
back	work was	done, as SILK MILL, L, BANK, etc			CX rue exam a Monthings
HER 10 OCC	10. Date decease	ed last worked at pation (month and		t In this	plusal exercite)
-	year)		0000	petion	Other Cantributory Causes of Importance:
12	BIRTHPLACE (cit				implete influession
~	(State or cour	itry)	- 7-1		Jume for 4 Pags
HER	13. NAME	opn W.	nue	9	An A
FAT	14. BIRTHPLACE		0/		Name of operation I the Chilles Date of Jacky
~	(State or	011	HU	7/	What test confirmed diagnosis? Was there an autopsy? #10
出	15. MAIDEN NA	ME Cinala	Il la	shown	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5		(city or town)	Sh 0		Accident, suicide, or homicide?, 19, 19
Σ	(State or	country)	10.0	11	Where did injury occur? (Specify city or town, county and State)
17	(Address)	220- hr	How Car	Make One	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18	BURIAL, CREMAT	ION, OR REMOVAL	2		Manner of injury
	Place/	ashrung lon	Date Nay	9 ,1935	Nature of injury.
19		1919 1	trusent	6	24. Was disease or injury In eny way related to occupation of deceased?
19), UNDERTAKER (Address) **	1034-m	In in	had AR	If so, specify
	74.	· · · · ·	118		(Signed) Call Mon M. D.
20	, FILED May	ع 1930	Talla	Registrar.	(Address) 1824 - Mars and Wath we

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ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PH	HYSICIAN
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V.S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

05614

1. PLACE C	OF DEATH		(81-Z)	
County	Mout	armeres	Registration Dist. No. 2 2	3
Village or	City To be	1 0 60	No. 9/2 Carroll avest.	Ward
Alliage of	ory	- Tark	If death occurred in a hospital or institution, give its NAME instead of street and n	
Length of re	esidenca in city or town where	death occurred/yrsmo	sds How long in U.S. if of foreign birth?yrsmo	sds
2. FULL NA	AME Mayer	and The Chance	2.4	
	010	PG 1	ase ward.	
(a) Reside	ence: No.	(Usual place of abode)	If nonresident give city or town and	State
PERSO	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male.	mel te	OR DIVORCED (write the word)	May, 14th	193 5
a. If married, wido	awad or divorced	- winger	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	, or altoreed	_	22. I HEREBY CERTIFY, That i attended of	eceased from
(01) 11112 01			april 2 nd , 1955, to May 14 th	1935
DATE OF BIRTH	I (month, day, and year	ce. 8 1870	Had saw h use alive on May 13th 1935	; death is sai
	ears Months	Days If LESS than	to have occurred on the date stated above, at 2 P. m.	
	64 5	1 day,hrs.	I THE I KINCH AL CAUSE OF DEATH and related causes of importance	
Trade piof	foorion or particular	1 01	were as follows:	Date of onse
kind of	work dona, as SPINNER, R, BOOKKEEPER, etc.	sov. Frenting Office	L Parle Clark	1936
9. Industry or	business in which	wash, Dlb.	Taralyses agitais	1900
work w	ras dona, as SILK MiLL, IILL, BANK, etc			
10. Date decea	ased last worked at	11. Total tima (years)		
	cupation (month and	spent in this occupation		
DIRTURL LOS (city or town) Now Y	a la Pitu	Other Contributory Causes of importance:	
(State or co			Miller	
I 3. NAME	Seman a	10711101	- www.mesna and symmen	
	surge g	Davido 14 34		
14. BIRTHPLAC	CE (city or town)or country)	ny	Nama of operation Date of	40
-	A >	10 000	What test confirmed diagnosis? Was there an at	
15. MAIDEN N	AME Marie	showell	23. If death was due to external causes (VIOL ENCE) fill in also tha following:	
	CE (city or town)	new york	Accident, suicide, or homicide? Date of injury	, 19
State (or country)	read form	Where did injury occur? (Specify city or town, county and State	
7. INFORMANT	S.W. Stelse	m	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address)	913 Carroll	ave,	· · · · · · · · · · · · · · · · · · ·	
	ATION, OR REMOVAL	000000	Mannar of injury	
Piace Piace	lesewood Was	6.00 May 16,1935	Nature of injury	
19. UNDERTAKER S	The S. H	Hires Co	24. Was disease or injury In any way related to occupation of deceased?	no.
(Address)	Washing	tra Dec	If so, specify	
411	11/ 31-1	of E OP TOLA	(Signed) James 1. Stally	_ M
20. FILEDULOY	1, 1, 19. 5. 5	10.6. Weget	(Address) 1610-1688 M.7	1. 00
- 11		1 200835747.	The state of the s	Anny and their

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		;;	
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